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APPLICATION NO.	FILING DATE	FIRST NAMED		DINVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/227,881	01/11/1999	99 THAI D. NGU		NGUYEN	07425.0057	7578	
TITLE OF INVENTION: N RELATED DISORDERS  APPLN. TYPE	JUCLEIC ACIDS, KITS AN	ID METHODS FO	,	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO NO	\$1400		\$0	\$1400	06/22/2006	
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EXAMINER		ART UNIT			_		
SCHULTZ, JAMES  1. Change of correspondence address or indication of "F		1635	2 Formein	536-023500 ating on the patent front page, 1		mott Will &	
CFR 1.363).  Change of correspond Address form PTO/SB/1  "Fee Address" indicate PTO/SB/47; Rev 03-02 Number is required.	ation form e of a Customer	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
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a. Applicant claims S	(from status indicated above MALL ENTITY status. See	37 CFR 1.27.		ant is no longer claiming SMA			
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Authorized Signature	Joel M. Freed	Thomas,	Hang 1	Date 91 FC.  Registration	une 21, 2006 1591 1400.00 DA 8001 7 6 6 00 DA	36 500417 09227881 	
an application. Confidential submitting the completed a this form and/or suggestion Box 1450, Alexandria, Virg Alexandria, Virginia 22313	ity is governed by 35 U.S.C. pplication form to the USPT s for reducing this burden, sl;inia 22313-1450. DO NOT 1450.	O. Time will vary nould be sent to the SEND FEES OR C	depending up Chief Information	to obtain or retain a benefit by llection is estimated to take 12 pon the individual case. Any c nation Officer, U.S. Patent and O FORMS TO THIS ADDRES lection of information unless it	minutes to complete, including the mount of the trademark Office, U.S. Dept. S. SEND TO: Commissioner	ng gathering, preparing, and ime you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,	

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